

NOV 04 2005

TELECOPIER COVER SHEET

November 4, 2005

To: Assistant Commissioner for Patents	From: Estella Pineiro Patent Administrator 818-493-2251
Attention: TECHNOLOGY CENTER 3700 Examiner: Jason Rosenzweig Art Unit: 3762	ST. JUDE MEDICAL CRMD 15900 Valley View Court Sylmar, California 91392-9221
Telecopier: 571-273-8300	Telecopier: 818/362-4795
RE: Amendment and Request for Reconsideration and First Supplemental Information Disclosure Statement App. No.: 10/792,305 Filed: 03/02/2004 Docket No.: A04P1019 Confirmation No.: 4653	Number of pages being sent: <u>17</u> (including cover page)

PLEASE DELIVER TO EXAMINER ROSENZWEIG, Art Unit 3762.
Thank you.

RECEIVED
OIPE/IAP

NOV 07 2005

NOV 04 2005

PATENTIN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant: Steve Koh

Confirmation No.: 4653

Serial No.: 10/792,305

Examiner: Jason Rosenzweig

Filed: 03/02/2004

Art Unit: 3762

Docket No.: A04P1019

For: SYSTEM AND METHOD FOR DIAGNOSING AND TRACKING
CONGESTIVE HEART FAILURE BASED ON THE PERIODICITY OF
CHEYNE-STOKES RESPIRATION USING AN IMPLANTABLE
MEDICAL DEVICE

TRANSMITTAL LETTER, FEE AND CERTIFICATE OF MAILING

Mail Stop Amendment
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Dear Sir:

Submitted herewith for filing are the following documents:

- ☒ Amendment and Request for Reconsideration
☒ Power of Attorney by Assignee...
☒ First Supplemental Information Disclosure Statement
☒ PTO-1449 (copy of cited references are not enclosed)
☒ Transmittal Letter, Fee and Cert. of Mailing

CALCULATION OF FEES						
ITEM		NO. OF CLAIMS REMAINING AFTER AMENDMENT	NO. OF CLAIMS PREVIOUSLY PAID FOR	ADD'L CLAIMS FILED	LARGE ENTITY FEE	\$ FEE
A	TOTAL CLAIMS FEE	20	20	0	X \$ 50	\$ 0
B	INDEPENDENT CLAIMS FEE**	3	3	0	X \$200	0
C	MULTIPLE- DEPENDENT				X \$ 360	0
D	EXTENSION OF TIME FEE — 1-mon: \$120; 2-mon: \$450; 3-mon: \$1,020; 4-mon: \$1,590; 5-mon: \$2,160					0
E	ADDITIONAL FEES (i.e., Surcharge — Late Fee— Declaration; Petitions; Information Disclosure Statement; Terminal Disclaimer, etc.) Specify: First Supplemental Information Disclosure Statement					180
F	TOTAL ADDITIONAL FEE** (ADD TOTALS FOR LINES A,B,C,D, and E)					\$0**
<input checked="" type="checkbox"/> Charge Deposit Account No. 16-0068 the amount of						\$180**
A copy of this letter is enclosed.						

PATENT

- ☒ The Commissioner is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayment to Deposit Account No. 16-0068
- ☒ Any additional filing fees required under 37 CFR 1.16.
- ☒ Any patent application processing fees under 37 CFR 1.17.
- ☒ The Commissioner is hereby authorized to charge payment of the following fees during the pendency of this application or credit any overpayment to Deposit Account No. 16-0068
- ☒ Any patent application processing fees under 37 CFR 1.17.
- ☒ Any filing fees under 37 CFR 1.16 for presentation of extra claims.

Respectfully submitted,


Date: 1 Nov. 2005


David S. Sarisky, Reg. No. 41,288
Attorney for Applicant
818-493-3369

CUSTOMER NUMBER: 36802

I hereby certify that this correspondence is being facsimile transmitted to the United States Patent and Trademark Office on:

November 4, 2005

 11/4/05
Estella Pineiro Date